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ABSTRACT

Presented are guidelines for accreditation of private schools for the handicapped in Massachusetts in terms of six areas: student characteristics and educational program information, physical facilities, personnel, support services, operational services, and administrative services. Section 2 is the Application for Accreditation of Private Special Education Programs; listed in Sections 2-8 are the questions to be addressed during the institutional self-evaluation; and Sections 9 and 10 are for the site visit and final decision phases of the evaluation. (SB)

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GUIDELINES
FOR
ACCREDITATION OF PRIVATE SCHOOLS
FOR THE HANDICAPPED

developed for
Massachusetts Department of Education
Division of Special Education

by
The New England Program in Teacher Education

February 20, 1975

REPORT ON PROJECT

DEVELOPING GUIDELINES
FOR EVALUATING PRIVATE SCHOOLS
FOR THE HANDICAP

The purpose of this study was to develop a format which organizes the information of all dimensions of a residential or day private special education agency so that it can be properly evaluated by the Massachusetts Division of Special Education.

The task was undertaken in April of 1974 with a grant from the Massachusetts Department of Education, Division of Special Education to the New England Program in Teacher Education.

The activities of the project fell into three broad areas: 1) the preparation of a preliminary draft of guidelines for education; 2) the field testing of the guidelines in actual schools; 3) the preparation and final set of guidelines for the Division of Special Education.

The Preparation of Preliminary Guidelines

The first step in the preparation of the guidelines was a clarification of the scope of the tasks and issues to be addressed. Several meetings were held with Mr. William Ferris, and Mr. Kent Roberts, Lakeside School, Peabody, Mass. in May. Two visits were made to Lakeside School to observe characteristics of a private day and residential school in operation.

An extensive study of existing formats for the evaluation of educational programs was conducted by the staff. Documents developed for the evaluation of specialized programs for particular handicaps were studied as well as existing formats for the evaluation of public schools, day care programs, and hospital facilities. A list of the documents reviewed is found in the bibliography. In addition evaluation guides developed by the State Departments of Special Education in New Hampshire and Vermont were reviewed.

Meetings and consultations were held with personnel from state personnel of special education, administrators and educators throughout New England. The involvement of potential users of the final document was an important consideration in asking these people to review the document. A list of persons contacted is included with this report (Appendix A). Also discussed were key issues and information needed for quality discrimination, practical application of instruments, and type of information needed.

Four site visits were made to schools serving the handicapped prior to the preparation of a preliminary set of guidelines. These include two visits to Lakeside School, Peabody, Massachusetts, one visit to the Rockingham School for Special Children, Exeter, New Hampshire, and one to the N. H. Vocational Technical School, Claremont, New Hampshire (a program for vocational education for deaf students in the regular classrooms).

Following these activities, a preliminary format was developed by the staff. The areas considered for evaluation included:

Educational Programs

Physical Facilities

Personnel

Ancillary Services

Support Services

Operations

Administration

The preliminary guide was submitted to the Massachusetts Division of Special Education for review prior to any site visitations.

Field Test

The second major phase of the project was begun in late May. A list of schools receiving students from the Mass. Department of Education, Division of Special Education was reviewed to select schools for site visits.

Schools were selected which represented all the kinds of schools; residential and day, and the types of handicaps served. An attempt was made to select both residential and day schools as well as schools serving particular handicaps. A list of eight schools were selected for field visits. This list was submitted for review by the Mass. Department of Special Education prior to final selection.

Letters were sent to eight schools requesting their cooperation and setting a date for the site visit. A copy of the letters and a list of the schools is included in Appendix B. Due to the timing of the school year, several of the schools were not going to be in session after June 15th or were in the middle of exams and graduation plans. However, four field visits were completed. These included the following schools:

Governor Center School, Providence, Rhode Island
Landmark School, Prides Crossing, Massachusetts
Meeting Street School, Providence, Rhode Island
National Rehabilitation Center, Leesburg, Virginia

The schools which were closing for the year included:

The Austine School for the Deaf, Brattleboro, Vermont
Crochet Mountain School, Greenfield New Hampshire
Roger Graves School for the Blind, Paoli, Pennsylvania
Elwyn Institute declined a visit until the fall of 1974.

Preliminary material was sent to the schools at least three weeks before the visits to allow the school personnel to gather the necessary materials.

Field visiting teams were selected to include people currently involved in special schools, State Department Personnel, and consultants with experience in evaluating programs for the handicapped. A list of the visiting teams is included in Appendix D. The visiting teams were familiarized with the format and content of the Preliminary Guidelines.

Each visit consisted of a full day spent at the school. During the first hour, the administrative staff of the school and the visiting team discussed the purpose and scope of the Preliminary Guidelines and the schedule of the days activities. Visiting team members were assigned to cover three areas of the guidelines. The NEPTE staff member involved in the visit reviewed the total guidelines with the administrators in great detail. Usually this review was on a page-by-page basis with the administrators making comments and suggestions wherever appropriate.

Following the visit, the team came together to prepare a report on the results of their visit to the group. Written total suggestions were gathered and each section of the Guidelines was evaluated. Those changes which would improve the document were noted in a Master Draft for final revision.

It should be noted that due to the time frame, the schools were not able to complete a self-evaluation with the material returned to NEPTE prior to the visit but the checklists were tested by the field team. However, one school, the Landmark School, did complete the self-evaluation phase of the Preliminary Guidelines during the summer and early fall.

Revision

The final phase of the study included a review of the information gathered during the field visits. The suggestions were collated and reviewed thoroughly by the staff. Several substantive changes were necessary. Suggestions which were made include:

1. The document was too long and detailed
2. The Personnel section needed to be made more concise
3. There was an overlap in the information requested between one section and the next
4. The categories of handicaps did not conform with those established by the Mass. Department of Education, Special Education, as a result of Charter 766.

The final report was revised, edited, and submitted with this report.

Further Steps

One interesting result of this study was the attention that several national organizations gave it. NEPTE was requested to submit a proposal to a Regional Organization and two National Organizations to develop the guidelines on a regional and national basis. The National Association of State Directors of Special Education and the National Study of School Evaluation are currently reviewing the proposals submitted, as is the New England Association of Schools and Colleges.

A major concern of note voiced at all sites visited is that as State Departments of Education have become more concerned with evaluating educational programs for the handicapped, they have each been developing guidelines for such evaluations. Each state requires completion of a different form. As a result, each school receives many such guidelines and site-visits.

Also, consideration should be given to training State Department personnel and consultants in the use of these or any guidelines selected.

APPENDIX A

Persons Consulted

1. Mr. William Ferris
Mass. Department of Education
Department of Special Education

2. Mr. Kent Robarts
Acting Director, Lakeside School
Peabody, Massachusetts

3. Ms. Karen Schubart
Director of Special Education
Exeter, New Hampshire

4. Mr. Arthur Jillette
Director of Special Education
N. H. State Department of Education

5. Ms. Jean Garvin
Director of Special Education
Vermont State Department of Special Education

6. Mrs. Nancy Warren, Principal
Rockingham School for Special Children
Exeter, New Hampshire

7. Mr. T. Holmes Moore
President, New Hampton School
New Hampton, New Hampshire

8. Mr. Richard Bradley, Chairman
National Study of School Evaluation
Arlington, Virginia

9. Mr. Ralph West, Director
New England Association of Schools and Colleges, Inc.

10. Mr. Andy Anderson
Executive Director, National Association of State Directors of Special Education

11. Ms. Barbara Schiever
National Special Education Information Center
Washington, D. C.

12. Mr. Manfred Drewski
Special Education
N. H. State Department of Education

13. Mr. John Pitman
R. I. State Dept. of Education
Providence, Rhode Island

14. Dr. Alexander Plante
Hampden-New Haven Cooperative Education Center
Hampden, Connecticut

15. Mr. Robert Avery
Hampden-New Haven Cooperative Education Center
1450 Whitney Avenue
Hampden, Connecticut

16. Mr. Robert Ho
Maine Department of Education
Augusta, Maine

17. Dr. Charles Drake
Landmark School
Prides Crossing, Massachusetts

18. Ms. Esther D'Orsi
Governor Center School
75 John Street
Providence, Rhode Island

19. Mr. Richard Lane, Headmaster
Austine School for the Deaf
Brattleboro, Vermont

20. Dr. Jason Boynton
Center for Educational Field Svcs.
Durham, New Hampshire

21. Mr. Robert Henderson
National Alternative Schools Program, School of Education
University of Massachusetts
Amherst, Massachusetts

22. Mr. Paul Walker
University of Maine Portland/Gorham
Gorham, Maine

APPENDIX B

Schools Selected for Field Visiting

National Rehabilitation Center
Leesburg, Virginia

Landmark School
Prides Crossing, Massachusetts

Roger Greaves School for the Blind
Paoli, Pennsylvania

Elwyn Institute
Elwyn, Pennsylvania

Governor Center School
Providence, Rhode Island

Meeting Street School
Providence Rhode Island

Lakeside School
Beverly, Massachusetts

Austine School for the Deaf
Brattleboro, Vermont

Crochet Mountain School
Greenfield, New Hampshire

APPENDIX C

Copy of letter sent to the Schools Selected for Field Visits

The New England Program in Teacher Education
A Program of the New England Regional Commission
Pettee Brook Offices, Durham, New Hampshire 03824
Telephone 603-868-5566

May 23, 1974

Esther D'Orsi, Director
Governor Center School
75 John Street
Providence, RI 02903

Dear Ms. D'Orsi:

Under a contract with the Massachusetts State Department of Education, Division of Special Education, the New England Program in Teacher Education is developing standards and procedures for the Evaluation of Private Schools for Children with Special Handicaps. The Mass. Department plans to use the product of this study to involve institutions which receive tuition students from Massachusetts in a program evaluation.

The planned evaluation process will include the following steps:

1. An information gathering process by the institution
2. An on-site evaluation visit
3. A review of the materials and observations by the on-site evaluation visit

Your institution has been selected for a field visit in early June. You will be receiving an application and information gathering package next week from us. Please complete the information package. We will collect it when we make an on-site visit.

We would like to plan a pilot test on-site visit on Monday June 10th, 1974. We will plan to arrive at the school at 9:00 and will bring three people with us. We will spend most of the day at the school.

If this is not a convenient date for you, please let us know at the above phone number so we may arrange another date. We appreciate your cooperation in this pilot test of the Guidelines for Evaluating Private Schools for Children with Special Handicaps for Massachusetts.

Sincerely,

Jean Tufts
Project Officer

JT/ntf

APPENDIX D

Visiting Teams

National Rehabilitation Center

Dr. Roland Goddu - NEPTE

Mrs. Jean Tufts - NEPTE

Landmark School

Mrs. Jean Tufts - NEPTE

Mrs. Nancy Warren, Principal Rockingham School for Special Children

Mrs. Patsy Baugh, Consultant Special Education

Governor Center School

Mr. Arthur Jillette, Acting Special Education Director
New Hampshire State Department of Education

Mrs. Patsy Baugh, Consultant Special Education

Mrs. Jean Tufts - NEPTE

Meeting Street School

Mrs. Jean Tufts - NEPTE

Mrs. Nancy Warren, Principal Rockingham School for Special Children

Mr. Tony Compbell, Vermont Department of Education
Special Education Consultant (cancelled due to illness)

AN ACCREDITATION PROCEDURE

FOR

PRIVATE SCHOOLS WITH SPECIAL EDUCATION PROGRAMS

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I. INTRODUCTION

AN ACCREDITATION PROCEDURE
FOR
PRIVATE SCHOOLS WITH SPECIAL EDUCATION PROGRAMS

Introduction

This accreditation procedure has been developed to provide the information and structure needed to make substantive judgments about the potential of private institutions to furnish quality educational services to handicapped children.

To insure that programs of substance are available in private schools used by the public sector to provide special educational services and to insure that the special needs of our handicapped children are met, it is essential that the quality of the private schools being utilized is judged to be satisfactory. Also, private schools should have formal accreditation procedures which provide guideposts for judgments by local school districts. It is to these goals that this accreditation procedure is directed.

This accreditation procedure has been developed on the premise that the following steps will be employed:

1. That a team composed of appropriate staff members from the private institution being considered for accreditation, appropriate members of the State Department of Education, and appropriate experts practicing in the field will complete the procedure and make the accreditation decision. (Only the team members from the State Department of Education and the field will be involved in making the final accreditation decision.)

2. That appropriate staff of the involved private school will gather pertinent information and will complete a self-evaluation.

3. That the procedure will consist of an information gathering phase, a determination on "key" issues phase, and a "decisions" phase.

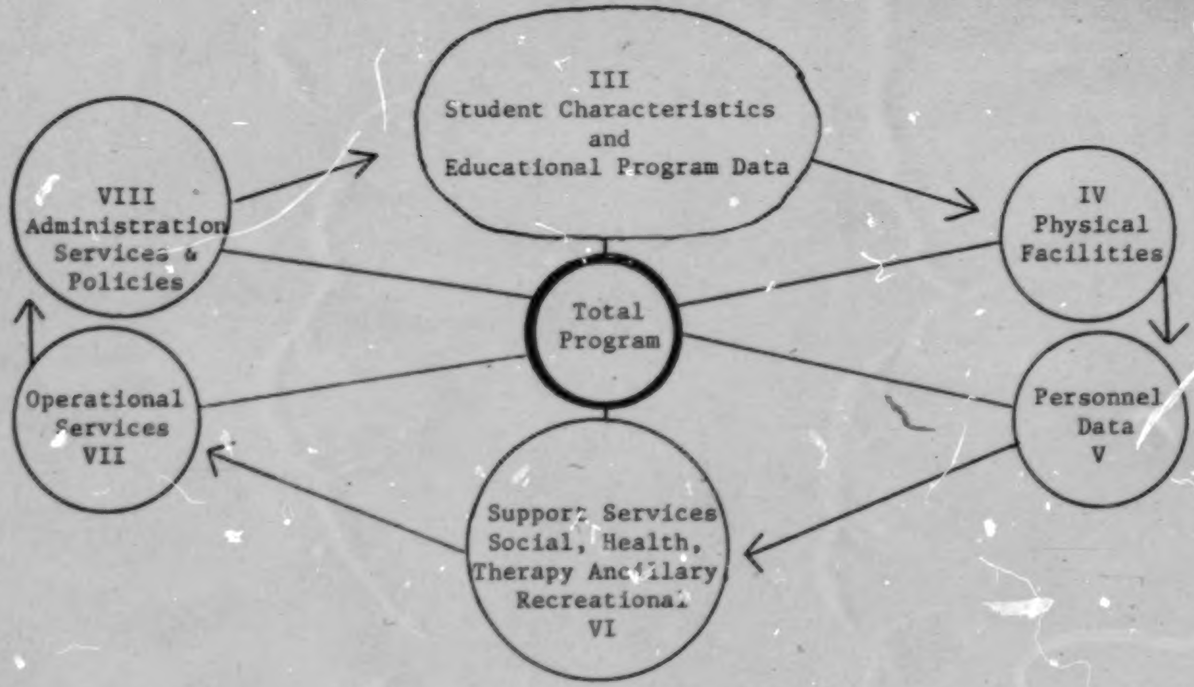
Areas of Concern

The accreditation procedure gives special attention to the areas of:

1. student characteristics and educational program information
2. physical facilities
3. personnel
4. support services
5. operational services
6. administrative services

Section II is the Application for Accreditation of Private Special Education Programs. Sections III-VIII are the questions to be addressed during the institutional Self-Evaluation. Sections IX-X are for the Site Visit phase of the evaluation and for the final decision phase of the process.

The six major sections of the Self-Evaluation should furnish both your personnel and the Site-Visit Team with information which can be used to improve your total institutional development. The following chart will serve as a reference point and provide a means for representing visually the relationship between the areas being evaluated. The Site Visit Evaluation Team will be assessing the same six general areas.


III
Student Characteristics
and
Educational Program Data
VIII
Administration
Services &
Policies
IV
Physical
Facilities
Total
Program
Operational
Services
VII
Personnel
Data
V
Support Services
Social, Health,
Therapy Ancillary
Recreational
VI

In effect the Total Program is the sum of the parts. A logical starting point is a clear definition of the students served and a statement of your general and specific educational goals and objectives (Section III). This aspect of the Self-Evaluation is particularly important since it provides a focus for the entire self-evaluation process and a point of reference for the Site-Visit Team. All other sections in the Self-Evaluation are really supplemental sections which further describe the environment in which your personnel work and the procedures all involved employ to reach your stated goals and objectives. Section IV focuses on the physical environment. Section V focuses on the human environment. Sections IV and V tell a reviewer what physical facilities and personnel strengths are available to your institution. Section VI focuses on the various types of support services available at your institution. Section VII focuses on operational services available. These two sections together represent the range of support services available to augment the instructional staff. Finally, Section VIII asks for information on the administration and administrative policies of the institution.

In summary, the Self-Evaluation requires a clear statement of the total educational goals and objectives and a description of the student population served. Subsequent sections ask the institution:

(1) to describe the resources (physical and personnel) available both at the institution and in the community, and

(2) to describe the way resources are used to provide services.

Finally, information is requested on the administration. Ideally, the resources, services, and institutional policies taken as a whole should be consistent with the needs of the student population served and the educational goals and objectives of the institution.

STEPS FOR IMPLEMENTATION OF
THE ACCREDITATION PROCESS

Steps for implementation of the accreditation process

1. Institution requests accreditation forms from the State Department of Education.

2. State Department of Education forwards preliminary materials, Section I to VIII, and creates a site visitation team (team should be composed of members of the State Department of Education and experts from the field).

3. Institution designates staff or committees to work on sections of the Self-Evaluation.

4. Orientation visits to the institution by the site visitation team (to outline process for the institution staff).

5. Institutional staff completes the information gathering and self-evaluation phase of the accreditation process and returns information package to the State.

6. A copy of the materials completed by the institution is sent to the accreditation team two weeks before the site visit.

7. Site visit, observation and review of information are completed by the site evaluation team.

8. Judgments are made by the site visitation team which relate to the key issues section of the procedures.

9. The decisions made are shared with appropriate staff of the applicant institution.

10. The decision made by the site evaluation team are reported to the State Department of Education, Special Education Division.

11. Accreditation is granted or withheld by the State Department of Education.

II. APPLICATION

APPLICATION FOR ACCREDITATION OF PRIVATE SPECIAL EDUCATION PROGRAMS

All non public schools, agencies or groups which seek public funds for services to handicapped children must submit the following application

Name of Institution

Phone

Address

School Name (if different from institution name)

Address of School

Phone

Chief Administrative Officer of Institution

Phone

Chief Administrative Officer of School

Phone

Person responsible for completing this application

Name Phone
Position (if different from above)

Type of School (please check which applicable)

Private
Private-non profit
Church-related
College-related
Other

Name of Owner, if private

Address

Name of Church Organization, if church related

Address

Name of College or University ______________________________

Address ______________________________

Name of Chairman of Policy Council ______________________________

Address ______________________________

School Program

1. Type of School Program

   Day ____________ Residential ____________ Both ________

2. Total Student Population: Boys ____________ Girls ________

3. Type of handicapped children served (Please check those applicable)

   Specific Learning Needs ______________________________

   General Learning Needs ______________________________

   Behavioral & Emotional Needs ______________________________

   Speech & Language Impaired ______________________________

   Auditory Impairment ______________________________

   Mobility & Orientation Impairment ______________________________

   Vision Impaired ______________________________

   Multi-Handicapped ______________________________

   Other ______________________________

Please return this form to the Massachusetts State Department of Education
Division of Special Education
182 Tremont Street
Boston, Massachusetts

III. STUDENT POPULATION CHARACTERISTICS AND EDUCATIONAL PROGRAM DATA

A. Student Population Characteristics

B. Overview of Educational Programs

C. Individual Teacher Reports

D. Supplies

E. Evaluation and Record Keeping Procedures

III. Educational Program

Introduction

The evaluation of institutional educational programs must logically be concerned with more than the operation of individual classrooms. Children placed in institutional settings are individuals for whom public school programs are not available and implies that a private institution can provide services which are different from those provided by a public school.

Procedure

This section requires a variety of different types of information. It is more efficient for a small group, or committee, of staff to divide the various sub-sections among themselves and to be responsible for a single section than for one person to attempt to complete the entire form. Individual classroom teachers should complete the sections for each class.

A. Student Population Characteristics

1. Name of Institution or School ________________________________

____

2. Which type of exceptional child is your educational program primarily designed for? (Check more than one if necessary)

Specific Learning Needs ____________
General Learning Needs ____________
Behavioral & Emotional Needs ____________
Speech & Language Impaired ____________
Auditory Impairment ____________
Mobility & Orientation Impairment ____________
Vision Impaired ____________
Multi-handicapped ____________
Other ____________

3. Please provide your operational definition for each exceptionality checked in item #2.

Specific Learning Needs ________________________________

____

____

General Learning Needs ________________________________

____

____

Behavioral & Emotional Needs ________________________________

____

____

Speech & Language Impaired ________________________________

____

____

Auditory Impairment ________________________________

____

____

Mobility & Orientation Impairment____________________

Vision Impaired____________________

Multi-handicapped____________________

Other (Please describe)____________________

4. What are the ages of your population?

Please complete the following. Indicate the number of children served under each age group for those handicapped categories that apply. Use age of children as of September 1.

Handicap Categories	Age 1-5	6-12	13-18	19-21
Specific Learning Needs				
General Learning Needs				
Behavioral & Emotional Needs				
Speech & Language Impaired				
Auditory Impairment				
Mobility & Orientation Impairment				
Vision Impaired				
Multi-handicapped				
Other				
TOTAL				

5. At what level are the students operating academically?

Please complete the following using the beginning of school in September as the measurement date. If another measurement date is used, please note. (Put number of children served under each approximate grade level for those handicapped categories that apply.)

Handicap Categories	Preprimary Nursery/ Kindergarten	Primary Grades 1-3	Intermediate Grades 4-6	High School Grades 10-12	Post Secondary 13-14	Vocational Training
Specific Learning Needs						
General Learning Needs						
Behavioral & Emotional Needs						
Speech & Language Impaired						
Auditory Impairment						
Mobility & Orientation Impairment						
Vision Impaired						
Multi-handicapped						
Other						
TOTAL						

6. Are there any specific characteristics which preclude the acceptance of a child into your program?

Yes______________ No______________

If "Yes" to above, give specific conditions

7. Do you accept children who do not meet the requirements of your operational definitions?

Yes______________ No______________

If "Yes" to above, please give specific conditions

8. How many students is your educational program presently designed to serve?

Day____________ Residential____________

9. How many students are presently enrolled?

Day____________ Residential____________

10. How many students receive full-time instruction in an organized school program?

Day____________ Residential____________

11. How many hours per day is an organized school program in session?

____

12. How many days or organized school program are in your school year?

____

Beginning Date_____ Ending Date________

13. Do you have a summer program?

Yes______________ No______________

If "yes", is it an organized educational program? Yes_____ No_____

If "yes", is it an organized recreational program? Yes_____ No_____

If "yes", what is the Beginning Date_____ Ending Date________

B. Overview of Educational Program

1. Give a general description of the philosophy and goals of your educational program. Use additional sheets if necessary.

2. Describe how your educational program is organized. Include items such as types of classes, factors used in determining groupings, staffing patterns, specialized and unique programs. Use additional sheets if necessary.

3. List the classes presently in operation. If there is more than one section of a particular class use totals for all sections. Please use the code provided for type of handicapped.

Class	No. of Students	Age Range	No. of Staff	Type of handicaps served	Academic Range

4. Curriculum Provide the following material on the academic curriculum for classes by category of handicaps.

Handicap	Subject Areas	Achievement Range of level	Published Test and materials used	Other materials used

5. Describe other aspects of educational programs: (self care-health, physical ed, music, art, etc.) by category of handicap.

Handicap	Programs	Types of Skills taught	Published Text and materials	Other materials used

6. Are the following statements applicable to your educational program?

	Yes	No
a. Teachers are provided an up-to-date diagnosis on each child.		
b. Teachers are aware of different achievement levels of students.		
c. Teachers write specific academic objectives for each child.		
d. Teachers write specific behavioral objectives for each child.		
e. A team which includes teachers and supervisors and appropriate specialists approves an educational plan for each child.		
f. Teachers measure academic achievement by the use of standardized tests.		
g. Teachers measure affective learning in terms of specific behavior objectives for each child.		
h. Teachers maintain an accurate and up-to-date record of achievement progress on a regular basis.		
i. Teachers regularly evaluate each child's educational program.		
j. Teachers outline a program for gradually moving a student to the next academic level as their behavior changes.		
k. Teachers are regularly supervised by administrators.		
l. Parents are informed of the child's educational progress on a regular basis by the child's teachers.		

7. Indicate whether or not instruction areas have the following equipment:

	All	Some	None
Black Boards			
Bulletin Boards			
Carpeted Floors			
Storage Space			
Carrels			
Sturdy & Stable Furniture			
Appropriate Size Furniture			
Quiet Areas			
Portable Blackboards			
Window Darkening Shades			
Lavatories in Room			
Sinks in Rooms			
Science Areas			
Specific Reading Areas			
Bookshelves			
Acoustic Ceilings			
Classes on First Floor			
Ramps and Railings			
Cut-Out Tables			
Book Racks to hold books for child			
Automatic Page Turners			
Appropriately Designed Toilet Facilities			
Grab Bars around room, in toilets, in hallways			

7. (continued)

	All	Some	None
Walkers			
Mirrors			
Wireless Hearing Aids			
Wiring in Room for headphone, headsets, microphones, etc.			
Other - describe:			

C. Teacher Reports on Classes or Groups Taught

Each teacher assigned a class or group should fill out this report for *each* class or group. If two or more teachers work with a particular class or group they may cooperatively develop a report for the class or group.

Class

Teacher

Other Staff

1. Description of children in class: (Handicap, academic functioning level, and age)

   Type of handicaps:

   Academic functioning level:

   Age range served:

   Comments:

2. Give general goals of the class:

3. Describe planning process used for educational program: (Lesson plans, conferences, etc.):

4. Describe academic and other educational program schedules:

5. What type of evaluation of educational goals is conducted?

D. Supplies

Indicate whether or not the following materials are available in your school.

	Available in School	Available When Needed From Outside Sources
Large print books		
Magnifying readers		
Braillewriter		
Braille books		
Talking books		
Primary size typewriters		
Specially designed Arithmetic Aids		
rulers		
clocks		
abacus		
Wide-lined paper		
Heavy lead pencils		
Large soft chalk		
Audio Aids		
talking recorder		
phonograph		
tape recorder		
dictaphone		
projectors		
High interest, low-vocabulary reading materials		
Puzzles, toys		
Shape, form, color discrimination activities		
Set, concept games		

E-1 Educational Evaluation and Record Keeping

Diagnosis and Assessment

1. Does the school have an evaluation team who diagnoses and assesses each child's educational progress?

Yes_________ No_________

2. If no, who is responsible for this function

Name__________________________Position____________________

3. If yes, what is the composition of the School Evaluation Team(s):

Personnel	Position	Area of Responsibility

Functioning of the evaluation team

4. List specific procedures and instruments employed by each team member, including classroom observations, home visits, psychological or educational tests.
(Please attach)

5. Who is the team coordinator?______________________________

6. Is there a regularly scheduled time for the team meeting?
YES________NO________

7. Is the classroom teacher released to attend the team meeting?
YES________NO________

8. Does the team operate in an advisory capacity or decision making capacity?______________________________

9. Who is responsible for the final case summary report to:

a) parent______________________________
b) teacher______________________________
c) administrator______________________________

Please attach a copy of the case summary form (if any).

10. Does this evaluation include an educational prescription detailing a) specific placements, b) teaching strategies, and c) program objectives, both immediate and long range? YES________NO________

11. If yes who is in charge of coordinating and supervising the implementation of the prescriptive program?

(a)______________________________

(b)______________________________

(c)______________________________

12. Is there a specific period of time allowed for diagnostic teaching?
YES__________NO__________

If yes, what team member would be responsible for it:

____

____

____

____

Follow-Up

13. Is there a regularly scheduled interval for re-evaluation of student program and progress? YES________ NO________

14. If yes, what is the policy:____

____

____

15. How extensive is this re-evaluation?

Complete team involvement__________
Partial team involvement __________

16. Is there a clinical file maintained on each child?

YES________________ NO________________

If yes, is this separate from the regular cumulative file?

YES________________ NO________________

17. Does the director maintain complete and up to date information on what special education services each child receives?

YES________________ NO________________

18. Does each specialist maintain separate records on a child?

YES________________ NO________________

19. Where are these clinical files maintained?

____

____

20. Who has access to them?

____

____

____

____

E-2 Admission Policies

1. Please describe the procedures used to screen children for admission to your program.

Function	Procedures or Instrument Used	Professional Responsible for Screening
General Physical Health		
Readiness (pre-school)		
Achievement		
Aptitude or Intelligence		
Speech		
Learning Disability		
Hearing		
Vision		
Motor Coordination		
Other (please list as above)		

21. Is there a diagnostic team member who functions as a liaison person between school personnel and outside agencies, which provide services to some children?

YES ________ NO ________

If yes, who?

Name	Service Name

22. Are re-evaluation and progress reports sent to parents?

YES ________ NO ________

Parent Involvement with Team

23. Are the parents notified prior to the evaluation as specified by the Division of Special Education regulations?

YES ________ NO ________

24. In what ways are parents involved in the team evaluation:

____

____

____

____

____

25. Do parents receive a written case summary within 3 days of staffing?

YES ________ NO ________

26. Is there a final parent conference within ten days of staffing?

YES ________ NO ________

E-3 Record Keeping

Indicate whether or not the following types of evaluation and reporting are employed for each child and whether or not a record of each appears with the child's permanent file.

			Written records in permanent file	
	Yes	No	Yes	No
1. An initial educational evaluation was completed by the school.				
2. Specific educational objectives were formulated.				
3. Educational Evaluations Conferences were held with parent				
4.✓ Education Evaluations Recommendations were implemented by staff.				
5. An educational re-evaluation is conducted periodically.				
6. Standardized tests are administered periodically.				
7. Teacher made tests are administered periodically.				
8. Written reports from teacher and therapist are sent to appropriate staff members.				
9. Periodic written reports from teachers are sent to parents.				
10. Parents and Teachers have personal conferences.				
11. Comprehensive case histories are compiled.				
12. Teachers observation reports are written regularly.				
13. Follow up conferences are held on discharged students.				
14. Periodic reports are sent to student's public school district.				

Please provide a copy of all standard record forms used for students in your school.

IV. PHYSICAL FACILITIES

A. Educational

B. Administrative

C. Support

1. Social Services
2. Health
3. Ancillary
4. Therapy
5. Recreational

D. Residential

IV. Physical Facilities

Introduction

Although the existence of adequate physical facilities does not guarantee the delivery of quality services, it is essential, in considering accreditation, that the institution being considered has adequate facilities to house and encourage good programs as well as services. Not only will the educational facilities be considered, but, attention should be directed to the adequacy of residence buildings, support services facilities, health facilities, food service areas, recreational and all other spaces which could affect the well being of the involved handicapped children.

Procedures

It is suggested that the director of the institution or his designee create a Physical Facilities Committee composed of appropriate staff members to complete this physical facilities section. The visitation team will check data being provided and will complete a review of this information from which accreditation decisions can be made.

A. Educational Facilities

1. Give a description of your campus and a map that will identify and locate all your buildings, access routes, outside activity areas, etc. (include additional sheets as required.)

____

____

____

2. Use the following matrix to identify the number and type of educational facilities available. Use additional sheets if comments are needed to further describe a particular educational facility.

Building or location	Number of Offices	Number of Classrooms	Individual Student areas

3. Identify those features of your educational facilities that are particularly important relative to the handicap population you serve.

____

____

____

4. What is the classroom size in relation to each age group. handicap, and class size?

	Class Age Group	Size of Class	Approximate size of Classroom
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

5. List special instructional areas (gyms, science rooms, shop etc.)

Type of Instructional Area	Number of Students accommodated at one time

6. Does your institution have a library? Yes_____ No_____

If yes - describe briefly giving location and number of rooms.

7. Are these library areas associated with individual classrooms?

Yes______ No______

If "yes" please give the location and a brief description of each.

B. Administrative Facilities

1. Describe those areas devoted to Administration of the Institution. Give the building name, then briefly describe the areas.

____

____

____

2. Are there provisions made for the Administrative Staff to have the necessary office space to work?______________________________

Yes ______ No ______

Does this space allow them to have privacy when necessary?

Yes ______ No ______

Explain:______________________________

____

____

3. Are rooms provided for conferences and group meetings of staff or others?

Yes ______ No ______

If yes, describe:______________________________

____

____

4. Is there space provided for parents to meet at the institution?

____

____

____

____

____

____

____

____

____

C. Support Services

I. Social Services

1. List areas available for Social Services Departments. Give the building name, then briefly describe the areas.

2. Is there space available for parent conferences?

3. What provisions are made to insure privacy for the staff and families?

II. Health Services

1. List areas and facilities available for the Health Services. Give the building name, then describe the areas.

2. What provisions are made to insure privacy of staff?

Privacy of children?____________________

Privacy of parents?____________________

3. Does the health area contain the following?

	Yes	No
First Aid Room		
Examining Room		
Dental Care		
Quiet Area for sick child		
Office Space		
Other		

4. Describe any health areas available to the institution in the community.

5. Does your institution have agreements to use any of the above listed community health areas? If so, describe

III. Ancillary Services

1. List areas available for psychological and physical services. Give the building name, then describe the areas.

2. Is there space available for parent conferences?

3. What provisions are made to insure privacy of

Staff

Parents

Children

4. Are there provisions made for support staff to have necessary office space to work?

5. Are rooms provided for conferences and group meetings of staff and others?

6. What services and facilities are available in the community?

7. Does your school have agreements to use any of the above listed community psychological and physical services? If so, describe

IV. Therapies

1. List spaces available for therapy services. Give the building name then describe the spaces.

____

____

____

2. What provisions are made to insure privacy for staff and children?

____

____

____

3. Is there space available for therapy sessions which is quiet and attractive?____

____

____

4. Are there provisions made for support staff to have necessary office space to work?

Yes ______ No ______

5. What program and facilities are available in the community?

____

____

____

Does the school have working arrangements with any of these?

____

____

____

V. Recreation Facilities

1. Are there recreational areas available in the residence halls of the institution?

   Yes ______ No ______

   If yes, describe the areas giving age group using them.

Building	Recreational Function	Age Group Being Served

2. What provisions are made to insure that the recreation areas are appropriate for handicapped children using them?

   ____

   ____

   ____

3. Which of the following indoor recreation areas are provided by the institution?

	Yes	No
Gymnasium		
Playroom		
Craft Area		
Quiet Game area		
Auditorium for large groups		
Swimming Pool (inside)		
T.V. Room		
Listening area		
Other (list)		

4. Describe outdoor recreation areas giving equipment and location.

5. Are recreational facilities available in the community?

Yes________ No________

Describe____

6. Does the institution have access to and use recreational facilities in the community?

Yes________ No________

If yes, describe giving location and describe the facilities

If no, explain why____

D. Residential Facilities

To provide a description of residential facilities available to the handicapped persons being served by the institution the following questions should be completed. (If your institution is not residential, omit this section.)

1. How many children is your institution licensed to serve on a residential basis?______________________________

2. How many children are being served on a residential basis?__________

3. In the sleeping areas, how many students are grouped in each room?

Room	Ages of Children	Number Assigned

What furniture is assigned to each child in the residential area?

____

____

4. Are children permitted to have their own possessions, i.e. stuffed animals, toilet articles in the sleeping areas?

Yes________ No________

Rules, if any____

____

5. What procedures are followed to insure a homelike atmosphere for the children in residential care?______________________________

____

____

6. List below areas which are available to children in addition to sleeping and eating areas? i.e. recreation area, living rooms, reading rooms, etc.

7. How many lavatories are available for the residential children?

8. Are the lavatories arranged so as to insure privacy for the children using them?

Yes________ No________

9. What measures have been taken to adapt lavatories to handicapped children served?

Dining Area: This section should be filled out if your institution serves children in a specific dining area

1. Is the dining area for residential children different from the day students? Yes____________ No____________

2. How many children are fed at once?____________________

3. Describe general dining area including type of furniture and arrangement of furniture.

Kitchen Area: To be completed by any institution preparing food for children in a kitchen area.

1. Describe kitchen area listing types of equipment and general layout of area (use a chart or map if desired ____________________

2. If food storage area is not included in kitchen area and is different from kitchen area, describe its location and accessibility to kitchen.

V. PERSONNEL

A. Administrative

B. Educational

C. Support

D. Operational

III. Staff Introduction

The question of institutional staff adequacy is quite complex. Depending on the organizational structure, training program, qualifications of staff, and characteristics of the children involved, a program can be effectively organized in a variety of ways. For example, affective training could be handled either by a qualified ward staff or by the school staff. The non-school related activities which children participate in may or may not be educational and/or therapeutic, depending on a program's philosophy and design. Factual staff information should be collected and related to the stated program goals. This will insure that unusual or innovative programs are not penalized for a non-traditional staffing pattern. The essential question being asked is whether or not your institutional staff is being appropriately utilized.

Procedure

The information in this section is most appropriately completed by personnel department staff or the individuals involved, i.e. the employees. It is important that the information be as complete as possible.

Personnel Summary Information

Use the following table to provide summary information. In subsequent sections more detailed information will be requested for each personnel category.

STAFF SUMMARY

Type of Staff	Number of Staff Members		Available to school	
	Full-time	Part-time		
ADMINISTRATIVE				
Administrators				
Clerical				
Other				
EDUCATIONAL				
Administrators				
Supervisors				
Teachers				
Paraprofessionals				
Interns				
Student Teachers				
Volunteers				
SUPPORT				
Social Service				
Health Service				
Ancillary Service				
Therapy Staff				
Recreation Staff				
Other (List)				

STAFF SUMMARY

Type of Staff	Number of Staff Members		Available to school	
	Full-time	Part-time		
OPERATIONAL				
Administrator				
Food Service				
Residential				
Maintenance				
Transportation				

Administrative and Supervisory Personnel

The following chart provides for general administrative staff (excluding Educational Administrators). This section should give information on the extent to which academic training in administration qualify administrative staff to work in their present position and/or with handicapped children.

Title	Name	Full-time	Part-time	Not Certified As School Administrator	Certified School Administrator	Additional Administrative Certification	Advanced Degree School Administration	Other Advanced Degree
General Administration								

Administrative

The following chart provides for all Educational Administrative Staff including Principal and Supervisory Personnel. This section should give information on the extent to which academic training in administration and/or education qualify staff to work in their present position and/or with handicapped children.

Title	Name	Less than 1 Year	1-2 Years	3-4 Years	5-6 Years	6+ Years
Educational Administration						

Educational Administration

- Principal -

Extent to which appropriate administrative experience of educational administrative staff qualifies him/her to work in present position and with handicapped children, and extent to which teaching experience of educational administrative staff qualifies him/her to work with handicapped children.

Title	Name	Less than 1 Year	1-2 Years	3-4 Years	5-6 Years	6+ Years
Educational Administration						

The following matrix is designed to obtain information on the types of certification held by teachers and their teaching experience. Please list each teacher in your institution.

Name	Assignment	Certification Classification				Years of Teaching Experience			
		Not Certified	State Certification for Teacher	State Certification Special Ed.	Other or Advanced Certification	Less than one year	1-4 Years	4-5 Years	6+ Years

The following matrix is designed to obtain information on the types of certification held by teachers and their teaching experience. Please list each teacher in your institution.

Name	Assignment	Certification Classification				Years of Teaching Experien		
		Not Certified	State Certification for Teacher	State Certification Special Ed.	Other or Advanced Certification	Less than one year	1-4 Years	4-5 Years

Teachers

Extent to which teacher has pursued relevant special education training beyond her/his present status (seminars, workshops, advanced degree work)

Name	No further Training	1 Training Sessions	2-3 Training Sessions	4-5 Training Sessions

Teachers

Extent to which teacher has pursued relevant special education training beyond her/his present status (seminars, workshops, advanced degree work)

Name	No further Training	1 Training Sessions	2-3 Training Sessions	4-5 Training Sessions

Educational Personnel
Form

Personnel Data

Form Para-professional

1. Name ____________________
2. Title ____________________
3. Responsibilities or Job Description
    a. Educational ____________________
    b. Other ____________________
4. Supervisor: Name ____________ Title ____________
5. Training and Experience:
    a. Experience with handicapped (include position, type of handicapped and years held)
    b. Training in area of handicapped (include courses, school and year)
    c. Other related experience --- (include position, description and years held)
    d. Other training -- (include academic training not included above with school and year)
6. Certification or license held ____________________
7. Cost Salary ____________ Benefits ____________ Other ____________

Educational Personnel
Form

Please complete for volunteers

Volunteers/Interns Personnel Data

Number of Volunteers ____________________

Areas Assigned ____________________

Roles Assigned ____________________

Full Time (indicate number) ______ Part Time (indicate time and number) ______

Relevant Training

a. With Handicapped: ____________________

____

____

b. With Children: ____________________

____

____

c. Other: ____________________

____

____

Educational Personnel
Form

Intern and Student Teachers Personnel Data

Number of Interns ______________________________

School Affiliations ______________________________

Supervising Staff (name and title) ______________________________

Program students enrolled in ______________________________

____

____

Extent to which academic background qualifies ancillary staff to work in present po
handicapped children and extent to which appropriate experience qualifies ancillary staf
present position with handicapped children.

	Title	Name	Certification in profession-al license	Advance degree work	Other work	less than 1 years
Health						
Social Work						
Other						

ich academic background qualifies ancillary staff to work in present position and with
ren and extent to which appropriate experience qualifies ancillary staff to work in
with handicapped children.

Name	Certification in professional license	Advance degree work	Other work	less than 1 years	1-2 Yrs	3-4 Yrs	5-6 Yrs	6+ Yr

Support

Extent to which academic background qualifies support staff to work in present pos handicapped children and the extent to which experience qualifies support staff to work position and with handicapped children.

	Title	Name	Certification or professional license	Advance Degree Work	Other Work	Less than 1 Yrs
Therapies						
Recreation						
Ancillary						
	80					8

Support

h academic background qualifies support staff to work in present position and with n and the extent to which experience qualifies support staff to work in present andicapped children.

Name ●	Certification or professional license	Advance Degree Work	Other Work	Less than 1 Yrs	1-2 Yrs	3-4 Yrs	5-6 Yrs	6+ Yrs

Ancillary Staff Summary

Indicate which of the following individuals are available to your students.

Professional	On Staff Full-time	On Staff Part-time	Available Locally on Request
Psychologist			
Psychiatrist			
Audiologist			
Neurologist			
Opthalmologist			
Optometrist			
Orthopedic Surgeon			
Otologist			
Speech Pathologist			
Dietician			
Physical Therapist			
Occupational Therapist			
Speech Therapist			
Recreation Leader			
Music Therapist			
Other (list)			
Para professional			
Interns			
Volunteers			

Note: Composite totals for all categories in this chart except para professional, interns and volunteers should be entered under support, therapist on the Personnel Staff Summary Form.

Ancillary and
Support Personnel

Please complete for all personnel

Para-professional Personnel

1. Name ____________________

2. Title ____________________

3. Responsibilities or Job Description

   a. Educational ____________________

   b. Other ____________________

4. Supervisor: Name __________ Title __________

5. Training and Experience:

   a. Experience with handicapped (include position, type of handicapped and years held)

   b. Training in area of handicapped (include courses, school and year)

   c. Other related experience --- include position, description and years held)

   d. Other training: include academic training not included above with school and year

6. Certification or license held ____________________

7. Cost: Salary __________ Benefits __________ Other __________

Ancillary and
Support Personnel
Form

Please complete for volunteers

Volunteers

Number ____________________

Areas Assigned ____________________

Roles Assigned ____________________

Full Time (indicate number) __________ Part Time (indicate number) __________

Relevant Training in general

a. With Handicapped ____________________

____

____

b. With Children ____________________

____

c. Other ____________________

____

For interns or Student Teachers only

School Affiliation ____________________

____

Supervising Staff (name and title) ____________________

____

Program students enrolled in ____________________

____

1. Operational

A. Extent to which appropriate training in area of responsibility qualifies staff to work in present position.

Title	Name	High School Training	In Service Training	Post Secondary Training	Other Specialized Training
esidential are					
ood Service					
aintenance					
ransportation					

1. Operational

B. Extent to which appropriate experience in area of responsibility qualifies staff to work in present position.

	Title	Name	Less than 1 Yr	1-2 Yrs	3-4 Yrs	5-6 Yrs	6+ Yrs
Residential							
Food Service							
Maintenance							
Transportation							

Other Operational Staff --- (Include any operational staff unique to your institution and not accounted for previously)

1. Name______________________________

2. Title______________________________

3. Responsibilities Full Time__________ Part Time__________ specify

____

   a. Areas responsible for______________________________

   b. Duties______________________________

4. Supervisor: Name_______________ Title_______________

5. Training and Experience

   a. Experience in Area of Responsibility (include position, description, and years held)______________________________

   b. Training in Area of Responsibility (include schooling --- description of training - year)______________________________

   c. Experience with Handicapped (Include position, type of handicap and years held)______________________________

6. Certificate or license held:______________________________

____

7. Cost: Salary__________ Benefits__________ Other__________

VI. SUPPORT SERVICES

A. Social Services

B. Health Services

C. Ancillary Services

D. Therapy Programs

E. Recreational Program

VI. SUPPORT SERVICES

Introduction

The effective operation of an institution requires a variety of support services which assist the child and his family in adjusting to the institution. These include Social Services, Health Services, Ancillary Services, and Recreation Services. In this section, information related to each of these services in your institution is collected. Judgments will be made by the evaluation team in terms of your specific population, the size of your institution, and the type of program you operate, i.e. day care or residential.

The person in charge of each of these Services for the applicant institution should assume responsibility for completing his portion of this section. If one of the services does not exist, that section may be completed by other administrative personnel or omitted.

Each of the areas in this section is highly specialized in operation. For this reason, each is presented as a separate package to facilitate completion by the appropriate director or agency.

A. Social Services

Social Services in institutional settings generally attempt to coordinate home and institutional programs. They are designed to facilitate the adjustment of the children and their families to the institution or school program. They should assist the child and his parents to make the transition from home to school pleasant and functional.

Please list goals of the Social Services Department in relation to:

a. The Parents____

b. The Child____

c. The School Staff____________________________________

d. The total School Program______________________________

e. Other____

1. What is the average case load of your social workers?________
2. Does your staff have an opportunity for in-depth work with students?
   Always____ Usually____ Sometimes____ Rarely____ Never____
3. Does the social worker assume a therapuetic role ?
   Sometimes____ Rarely____ Never____
4. Describe briefly the role of a social worker in this institution

5. Are job descriptions available for all members of your social service staff?

Yes_____ No_____ Uncertain_____

6. Do social workers participate in the screening of new students?

Yes_____ No_____

7. How much access do social workers have to confidential student records?

No Access_____ Limited Access_____ Total Access_____

8. Does a social worker participate in the planning of a total program for each child?

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

9. Does a social worker regularly have conferences with a child's parent?

Yes_____ No_____ Uncertain_____

10. Is the Social Services staff responsible for follow-up of discharged patients?

Yes_____ No_____ Uncertain_____

If "yes", describe extent and procedures for follow-up.

____

____

____

____

11. List the agencies to which you refer children regularly.

A. ____

B. ____

C. ____

D. ____

(Use additional pages if necessary)

12. List the agencies that refer students to this institution.

A. ____

B. ____

C. ____

D. ____

(Use additional pages if necessary)

13. Does the Social Services Department regularly contact each child's local public school?

Yes______ No______

If "yes", how often?

Does the Social Service Department provide the following services to parents?

	Yes	No
1. Assists parents in enrolling children in the program.		
2. Describes institution's services to parents.		
3. Makes home visit prior to enrolling of child.		
4. Explains fee or tuition payments to parents.		
5. Explains rules and regulations and policies of institution to families.		
6. Refers families to additional community and private services as needed.		
7. Maintains continued helping relationships to assigned families.		
8. Participates in planning and executing parent activities.		
9. Meets with other school personnel to resolve or alleviate family problems which adversely affect the child.		
10. Assists with child's adjustment to the school or institutional program.		

B. Health Services

A health program should provide a comprehensive range of individual services including medical, dental, and nursing services. Important to a successful program are diagnosis of existing health problems, follow-up of identified problems, continuous health supervision and a health-education program, and a healthful environment.

Procedures

The "in-house" health person responsible for the total health program should assume responsibility for completing this form. (If your institution has no health program as such you may omit this section.) If a description of your health program exists, it may be submitted in lieu of completing this section.

This section is divided into the following areas for study:

A. Diagnosis of Health Problems
B. Record Keeping and Follow-up Treatment
C. Health Education
D. Emergency Health Care
E. Illness
F. Employee Health Program

Diagnosing existing Health Problems

1. Are past health records available to the school health personnel?

Yes__________ No__________

2. Are physical examinations required before the child enters the program?

Yes__________ No__________

If yes, who performs the physical?______________________________

Are parents required to be present?______________________________

3. Is there a form provided by the school to insure a thorough exam?

Yes__________ No__________

If yes, please include______________________________

4. Are the following items included in the physical form? (check those included)

Height__________

Weight__________

Heart__________

Mouth__________

Abdomen__________

Genitalia __________

Nose __________

Ears, External & Canals______

Tympane membrane____

Teeth __________

Bones, joints __________

Lungs __________

Eyes; external optic______

5. Do the records include an appropriate screening test? (check those screened).

Category	Test Used
Eyes	
Ears	
Dental	
Tuberculin	
Hemoglobin	

6. Are parents required to be present to provide the general health history of the child?______________________________

Who is this conducted by?

The Director__________ School Physician__________

School Nurse__________ Social Worker__________

Other (specify)______________________________

7. Are psychological and appropriate psychiatric evaluations provided by the school? Yes_________ No_________

If "yes" who is responsible for this service?

Name_________________________________

____

____

Record Keeping and Follow-up Treatment

1. Do the health records maintained by the school include the following?

	Yes	No
a. Physical Exam		
b. Developmental Screening		
c. Vision		
d. Hearing		
e. Dental		
f. Immunizations		
g. Childhood diseases		

2. How often do children receive a health evaluation?

Yearly_________ Six months_________ Every three Years_________

Other _________________________
specify

3. Do children receive follow-up treatment for diagnosed health treatment? Yes_____________ No_________ _________

4. Are these recorded on the Health Record?

Yes_____________ No_____________

5. Who is responsible for arranging for required health services?

Name_____________ Title_____________

6. How are parents informed about needed health treatment for their child?

a. Personal Conferences_________ _________________________

b. Written reports_________________________________

c. Other_________________________________

7. Are parents provided with necessary information to insure proper health care for their children?

Yes ______________ No ____________________

8. Are Dental Services provided by Institution?

Yes ______________ No ____________________

If "yes", what do these include (Please List)

1. ____________________________ 4. ____________________________

2. ____________________________ 5. ____________________________

3. ____________________________ 6. ____________________________

9. If yes, is a dental health record maintained in the child's health record? Yes ______________ No ____________________

10. Are parents informed of child's dental health needs?

Yes ______________ No ____________________

If yes, how is this accomplished?

a. Personal Conferences ____

b. Written reports ____

c. Other (specify) ____

Is there any check made to see if recommendations are carried out?

Yes ______________ No ____________________

Health Education

Children

1. Health instruction for all students is designed and conducted to provide proper health habits, attitudes and practices by all students.

Yes ______________ No ____________________

2. Provisions are made for a sequential and articulated program among and between grade levels.

Yes ______________ No ____________________

3. Materials and media appropriate to health and education are available and are used by the teachers.

Yes________________No________________

4. Habits of personal hygiene are taught and practiced on a daily basis.

Yes________________No________________

5. Children are taught to protect themselves from accidental injury.

Yes________________No________________

6. Principles of good nutrition are taught and reinforced in the classroom.

Yes________________No________________

7. Children are taught about and develop healthy attitudes toward minor accidents and illnesses.

Yes________________No________________

Teachers

1. Teachers are provided with health education goals appropriate to their children.

Yes________________No________________

2. Teachers are given in-service training in health education.

Yes________________No________________

3. Teachers are provided with sequential materials for a coordinated health education program.

Yes________________No________________

Parents

1. Parents are taught to become skillful observers and reporters of their children's health symptoms and problems.

Yes________________No________________

2. Parents are taught to manage the common place recurring health symptoms and problems of childhood.

Yes________________No________________

3. Parents are taught to fully use the institutional health resources of their community and the talents of nurses, dentists, therapists and physicians who care for their children.

Yes________________No________________

4. Parents are encouraged to protect themselves and their children from accidental injury.

Yes________________No________________

5. Parents are encouraged to seek preventive medical and dental care promptly, as appropriate for illness and injury.

Yes________________No________________

6. Maintain their own personal hygience and teach their children to do so.

Yes________________No________________

7. Parents are given information on how to prepare and serve foods that promote health.

Yes________________No________________

Emergency Care	Yes	No
1. Are there emergency procedures established?		
2. Are they published and posted in a convenient place?		
3. Are emergency telephone numbers available and posted? Do these include: a) Hospital b) Physician c) Fire d) Police		
4. Are personnel given training in first aid and emergency care?		
5. Is this done annually?		
6. Are new personnel given instruction in first aid and emergency care?		
7. Is transportation available at all times for emergency care?		
8. Is there a physician available on the premises?		
9. Is there a nurse available on the premises?		
10. Is one person identified as being responsible for notifying the hospital or emergency care facility?		
11. Is one person responsible for notifying parents?		
12. Is some one designated to treat minor injuries, cuts and bruises?		

Please attach any rules, procedures or pertinent material available.

Illness	Yes	No
1. Is there a quiet area available to care for a child who becomes ill?		
2. Is there suitable equipment (i.e. bed and bedding) to cover child available?		
3. Are each child's records marked with any specific illnesses and injuries the child has?		
4. Is there information available to reach parents in case of illness during the day?		
5. Is there transportation available to take child home or to the hospital?		
6. Is there information present on who is the child's physician and where he may be located?		
7. Is there an infirmary at the school, if residential?		
8. If not, are there hospital facilities nearby?		

9. If the school maintains an infirmary, please include a description of the services available including:

Staff Title

No. of students which can be accomodated

Services provided

Employee Health Program

Do you maintain an employee health record?

Yes_______________ No_______________

If "yes", please complete the following:

Records of Employees	Required Prior to Employment	On File	Required Annually	On File	Professional or Agency responsible for services	Required
1. Medical Examinations						
2. Tuberculin Tests						
Tyne Test						
Chest X-Ray						
Other						
3. Venereal Disease Testing						

Sick Leave Policies

1. Does the institution have sick leave policies for all personnel?

Yes_______________ No_______________

2. Are these policies published or posted so employees know what they are?

Yes_______________ No_______________

3. If "yes", what is the sick leave policy?______________________________

____

____

____

4. Are there procedures for identifying and recording the nature of extended or chronic sickness of employees?______________________________

____

____

____

C. Ancillary Services

Ancillary services should be provided for handicapped children needing them to improve and maximise their level of functioning. These services include psychological and medical service and should support the educational program.

Complete for each ancillary service (psychological-medical services)

1. Service Provided ______________________________
____
____

2. Goals of program ______________________________
____
____

3. Number of personnel employed in this area

Professional ______________

Para professional ______________

Other ______________

4. How often is this service provided to the children on a regular basis?

Everyday ______________ 3 days a week ______________

Weekly ______________ Other (specify) ______________

5. How many children are served regularly by this program? ______________

6. How many children need this program but do not receive it regularly?

Explain ______________________________
____
____
____
____

7. What types of initial assessments are provided to determine the child's needs?

Type of assessment	Instruments used	Person responsible

8. Is a written goal and prescriptions developed for each child?

Yes__________ No__________

If yes, explain ____

____

____

____

If yes, are these included with each child's records?

Yes__________ No__________

9. Does the person responsible for these services communicate goals and activities?

To parents Yes__________ No__________

To teachers Yes__________ No__________

To administrators Yes__________ No__________

10. How often is a child's progress evaluated? ______________

____

____

____

____

D. Therapy Program

1. Therapy provided ____

____

____

____

2. Goals of the program ____

____

____

____

3. Number of personnel employed in this area

Professional _____

Para professional _____

Other _____

4. How often is the therapy provided to the children on a regular basis?

Everyday________ Three days weekly_______ Weekly_______

Other (specify)____

5. How many children are served regularly by this program? _______

6. How many children need this program but do not receive it regularly?

Explain ____

____

____

____

7. What type of initial assessment is provided to determine the child's need?

Type of assessment	Instrument used	Person responsible

8. What types of documentations of the child's progress is provided?

9. What type of specialized equipment is provided for the program?

Complete for each Therapy	Yes	No
1. All children needing services are included in the program.		
2. Are written goals and activities planned to meet the goals indicated in the child's records.		
3. In case of physically handicapped child does the doctor write prescriptions for treatment.		
4. Do therapist communicate these goals to:		
Parents		
Teachers		
Administrators		
5. Is there a regularly scheduled time for the therapy.		
6. Are children released from classes to attend therapy programs.		
7. Is the teacher working with the child in the classroom informed as to the recommendations, programs and progress of therapy services.		
8. Is there coordination of the educational and therapy program by the staff.		
9. Do teachers and therapist meet regularly to discuss child's progress.		
10. Are parents involved in the therapy program in which their child is involved such as a follow-through home program.		
11. Is the child's progress evaluated regularly.		
12. Do the support service consultants meet with therapist to advise and suggest treatment.		

Complete for each Therapy	Yes	No
1. All children needing services are included in the program.		
2. Are written goals and activities planned to meet the goals indicated in the child's records.		
3. In case of physically handicapped child does the doctor write prescriptions for treatment.		
4. Do therapist communicate these goals to:		
Parents		
Teachers		
Administrators		
5. Is there a regularly scheduled time for the therapy.		
6. Are children released from classes to attend therapy programs.		
7. Is the teacher working with the child in the classroom informed as to the recommendations, programs and progress of therapy services.		
8. Is there coordination of the educational and therapy program by the staff.		
9. Do teachers and therapist meet regularly to discuss child's progress.		
10. Are parents involved in the therapy program in which their child is involved such as a follow-through home program.		
11. Is the child's progress evaluated regularly.		
12. Do the support service consultants meet with therapist to advise and suggest treatment.		

E. Recreation

Through varied recreational experiences children should be provided opportunities for emotional release, creative expression and healthy socialization. Recreation programs based on the varied interests, needs and capabilities of children served, should include physical activities, outdoor and nature pursuits, creative pastimes, individual hobbies and social activities.

1. Is there an organized recreational program for children? Yes__No__

   If yes, complete the following:

2. Who is responsible for recreation program?

   ____

3. How many children are currently participating in recreational programs?___

4. How many hours per day are recreational programs provided? __________

5. How many days per week are recreational programs provided?__________

6. What recreational activities are regularly scheduled during weekends for residential students?

   Describe giving ages

Handicap	Age Group	Activities	Scheduled time

7. What creative activities are provided for the recreation program? List below.

Handicrafts	Activity	Age Group	Number of Participants	Time Allotted	Person Responsible
Music & Dance					
Drama					

8. Do you provide a sports program for the children? Yes_____ No_____

If yes, list sports offered, age group and sex and time allotted.

Handicap	Sport	Age group	Sex	Time Alotted

9. List of facilities available for sports:

____

____

____

10. Who supervises the sports program?

Name ____________________ Title ____________________

____________________ ____________________

____________________ ____________________

11. Do the children at your institution have an opportunity to participate in sports programs in your community? Yes______ No______

If yes, describe ____

____

____

____

12. Do the children participate in State, Regional, or National sports programs geared to their particular handicaps? Number of children in each category.

Handicap	Event	State	Regional	National

13. List other recreation programs provided for children in recreation programs (not included above)

14. Do your students use recreation facilities in the community? Yes___No___

If yes, describe______________________________

15. Do volunteers from the community assist with recreation programs?

Yes______________No______________

If yes, describe ______________________________

16. What types of special events does your institution place for the children?

17. Do organizations and volunteers from the community provide assistance for special events for the children?

Yes______________No______________

If yes, describe______________________________

18. Do the children have an opportunity to share their accomplishments with others?

Yes ______________ No ______________

If yes, with other students? Yes ______________ No ______________

Describe ____

____

____

With parents? Yes ______________ No ______________

Describe ____

____

____

With community? Yes ______________ No ______________

Describe ____

____

____

19. Does the institution have its own transportation for recreation activities?

Yes ______________ No ______________

If yes, describe ____

____

If no, describe how transportation is provided ______________________

____

20. What kinds of clubs or groups for the children exist at the institution? (Girl Scouts, Boy Scouts)

Club	Age group served	No. of children

21. Do parents participate in some of the recreational programs?

Yes ________ No ________

Explain ________

VII. OPERATIONS

- A. General Patient Care
- B. Food Service
- C. Maintenance
- D. Transportation
- E. Fire Protection

Institution Operations

Introduction

For the purposes of accreditation, this section dealing with operations considers the areas of the operational areas of the institution which are necessary in order to support the programs. They will be evaluating the patient care, the food services, transportation and general maintenance of routine operations of the institution.

Procedure

This section should be completed by the institution administrator with the assistance of those responsible for the areas concerned such as the director of food services, the accounting department and custodial services should participate in completing this section. (If information is not available write N.A. in the space provided for an answer).

A. General Patient Care

This section of the accreditation procedure is intended to evaluate the overall care provided for residential students at the institution.

1. Who is directly in charge of Residencial Care provided children?

Name____________________ Title____________________

2. Does each residence hall have a

Director House parents Other

(Check appropriate box)

3. What is the overall ratio of child care workers directly involved in the supervision of children to the student population?

____

____

____

4. If different ratios are provided for different handicaps and age groups please indicate below

Handicap	Age Group	Ratio of Supervisors

5. If the ratio is different for night time care, explain__________

____

____

____

6. What type of daily schedule is maintained for the handicapped children at the institution?

Morning Schedule	Afternoon Schedule	Evening Schedule

7. What kinds of activities are provided to assure that handicapped children at the institution receive more than a custodial experience?

8. Are there any provisions for religion and religious training for the handicapped children at the institution?

Yes__________ No__________

Explain:

B. Food Services

A good food service should provide a nutritional meal for each student. Food should be of good quality, correctly prepared, and served in appropriate quantities in an atmosphere which acknowledges that dining is ideally a pleasant social occasion with an opportunity for learning.

1. How many children are served each day?

   Breakfast____________________

   Lunch_______________________

   Dinner______________________

2. When are meal times?

   Breakfast____________________

   Lunch _______________________

   Dinner______________________

3. Are allowances made for different age groupings? Yes_____ No______

4. Who is responsible for menu planning?

   Name____

5. Are menus published or made available in advance to parents each week?

   Yes__________________No________________

6. Are arrangements made for special dietary programs? Yes_____ No____

   If yes, please describe____

   ____

   ____

7. How are meals served? ____

   ____

   ____

8. Where are meals served? ____

   ____

   ____

9. Describe measures taken to insure cleanliness in food preparation

10. Describe State requirements for health and food operations and how those are met

Social Process

1. How are children seated? Small Group________ Individual________
Family Style________ Other________

2. Who is responsible for insuring that students eat properly both in amount and manner?

3. Whar arrangements are made for assistance in feeding handicapped children?

4. What arrangements are made for seating handicapped children?

C. Maintenance

If any programs are to operate within the institution, a clean orderly environment must be maintained. This section of the evaluation deals with maintenance of the institution facilities.

1. Who is responsible for general maintenance of the buildings and grounds?

   Name____________________

   Title____________________

2. Is there an established schedule of maintenance work performed?______

   ____

   ____

3. Who is responsible for reporting maintenance problems to the Director?

   ____

   ____

   ____

   ____

4. How often is each room cleaned and swept?

(complete the following)

Area	Frequency of Cleaning (i.e. daily, every other day, weekly etc.)			
	Daily	Every other day	Weekly	Other
1. Classrooms				
2. Hallways				
3. Dining Area				
4. Kitchen				
5. Sleeping Areas				
6. Lavatories				
7. Administration				
8. Recreational				
a. gyms				
b. residential recreation				
c. outside area				
9. Support Service Area				
10. Health Area				
11. Other				

5. Do you have separate staff for outside facilities? Yes________ No________

Describe ____

____

____

6. Are some maintenance services contracted? Yes__________ No________________

7. How often is rubbish collected? ____

____

____

8. Are older children encouraged to help with maintenance? Yes____No____

If yes, describe:____

____

____

____

D. Transportation

This section evaluates transportation services provided by the institution. If you do not provide transportation, omit this section.

1. List transportation services provided____________________

____

____

____

2. Does the institution contract transportation services?

Yes__________ No__________

If yes, supply name and address of contracting agency

Name____________________

Address____________________

3. Do you own your own vehicles? Yes__________ No__________

If yes, a. How many vehicles do you own?__________

b. What is the age and type of your vehicles?

Type of Vehicle	Model or Year

c. How often are vehicles checked for safety and operation?

____

d. How often are they inspected by Supervisor?__________

4. What type of Insurance do you carry on the vehicles?__________

____

a. What is the amount of liability?__________

____

5. How many drivers do you employ? ______________________________

____

____

____

6. What type of screening is done on drivers prior to employment? (complete the following)

Procedure	Yes	No
License held		
References		
Police Record		
Accident Record		
Physical		
Vision Test		
Other (specify)		

7. Who is responsible for transportation schedules?

Name ______________________

Title ______________________

8. What provisions (such as wheelchairs) are made for specific handicapped children?

Describe: ______________________________________

____

____

____

____

E. Fire Protection

1. Describe fire alarm system used by your institution:

2. If institution has automatic fire control system, list areas protected by the system

3. Describe types of fire extinguishers used in institution:

Area	No. of fire extinguishers	Type of extinguisher

4. How often are the fire extinguishers checked?

5. Describe written plan institution has for the following:

   a. Fire drills

   b.

6. Are fire inspections conducted annually by local and state fire officials?

VIII. ADMINISTRATION

A. General Information

B. Governance

C. Personnel Policies

D. Finances

E. Community Development

F. Parent Involvement

VIII. Administrative and Financial Operation

Introduction

The major function of administration is to facilitate, to coordinate, and to improve the total operation of the institution. Its' skill in determining need and policies, revising policies, evaluating programs, (recruiting and selecting staff) and determining budget requirements will establish the ease with which program goals are accomplished. An implicit function of the administration is the accruing of needed financial resources and planning for the sound fiscal management of those funds. This section will also consider institutional issues such as parent involvement and community reactions.

Procedures

The administrator most responsible for the overall operation of the institution should bring together those support individuals, i.e. bookkeepers, assistants, finance officers, supervisors, coordinators, etc., who can provide the necessary information prior to visitation regarding the following:

1. development of policies
2. system of pupil records and accounting
3. transportation needs
4. staffing and employment pattern
5. conditions of work
6. salary and fringe benefit package
7. organizational chart
8. job descriptions
9. evaluation criteria and forms
10. program evaluation forms

Administration

A. General Information

1. Please describe the institution briefly covering the following points
   - a. major goals and primary purposes of the institution
   - b. pertinent items in the historical development of the institution
   - c. special characteristics

2. Describe the size and complexity of the institution by including the following:
   - a. size of campus
   - b. size of student body (including Day & Residential)
   - c. size of staff
   - d. General description of physical plant (include map of school, if available)

3. Describe the general administrative structure of the institution (i.e. Administrative officers and staffing; administrative units and programs; and how they fit into general structure of the institution.

4. If institution is contemplating any major changes in organization or program in the next three years, describe briefly with anticipated time frame.

B. Governance

1. Does the institution operate under a governing body?

Yes__________ No__________

If yes, complete the following:

a. Name of governing body__________

b. Number of governing body__________

c. How are they selected?__________

d. Are any particular groups i.e. parents, represented on the governing body? Yes__________ No__________

e. If yes, please list__________

f. How often do they meet?__________

g. List responsibilities of governing body__________

2. Is the institution incorporated? Yes__________ No__________

If yes, please give date of incorporation__________

Status__________

State in which incorporated__________

3. If no governing body exists, please state who has the final responsibility for the Administration of the Program__________

4. Are responsible agents of institute bonded?

Yes__________ No__________

C. Personnel Policies and Responsibilities

1. Does the institution have stated personnel policies? Yes_____ No_____

   If yes, please complete the following:

2. Who was responsible for the development of the personnel policies?

   ____

   ____

   ____

3. Was staff included in the development? Yes__________ No__________

4. Are copies of the policies made available to all staff members?

   Yes__________ No__________

5. Do the policies include the following:

	Yes	No
Hiring Procedures		
Length of workday		
Length of workweek		
Paid Holidays		
Vacation Provisions		
Fringe Benefits		
Resignation and termination procedures		
Tenure Provisions		
Salary schedule		
Inservice education and training provisions		
Health and Medical requirements		
Written job descriptions for: a. Administrative Personnel		
b. Educational Personnel		
c. Ancillary Personnel		
d. Operation Personnel		

Evaluation of Personnel

1. Are all personnel evaluated periodically? Yes________ No________

2. If yes, complete the following listing which person is responsible for the evaluation of specific staff members and how frequently it is done.

STAFF	PERSON RESPONSIBLE (By Title)	FREQUENCY OF EVALUATION
Administrative		
Administrators		
Clerical		
Other		
Educational		
Administrative		
Supervisory		
Teachers		
Para-professional		
Support		
Health		
Social Services		
Ancillary		
Therapists		
Physical		
Occupational		
Speech		
Specialized, ie. music		
Recreational		
Other (specify		
Operational		
Food Service		
Maintenance		
Residential		
Transportation		

3. Are evaluations made part of employees records? Yes________ No________

4. Are the results of evaluations shared with employees? Yes____ No_____

Personnel Records

1. Are personnel records kept on all employees? Yes ____ No ____
2. If no, please state whom they are not kept on and reasons for not keeping them ______________________________
____
3. If yes, please complete the following:

Items included in Employee Records	Yes	No
Employee Application		
References Received		
Health Information		
Correspondence related to employee		
Termination Date		
Evaluation Reports		
Promotion or Advancements		
Salary Adjustments		
Conferences held with employee		

Who has access to personnel records? ______________________________

Where are they kept? ______________________________
____

D. Finances

1. What is the total institutional budget for the current year? $______________

2. Who is responsible for the preparation of the budget?

Name______________________ Position______________________________

3. What is your fiscal year?____

4. Who completes your audit?____

5. Where are previous audit reports available for review?____________________

____

6. Who monitors the use of funds after the approval of the budget?

Name______________________ Position_____________________________________

7. How are tuition costs determined?____

____

8. What do they include?____

____

9. If residential institution, does tuition include room and board?

Yes_________________ No_________________

10. If no, what is the room and board charge? $______________________

10. List services for which additional charges are made beyond tuition

Service	Charge

What is the total institutional budget for the current fiscal year?__________

Please supply the following financial information

I. Administrative Expenditures
including:
Salaries ________________
Employee Benefits ________________
Supplies ________________
Insurance ________________
Utilities ________________
including lights,
heat, telephone
Parent Services ________________
TOTAL ________________

II. Educational Program

Salaries ____________________

Instruction materials ____________________

Supplies ____________________

Equipment ____________________

Library &
Media Materials ____________________

TOTAL ____________________ TOTAL ____________________

III. Support Services Expenditures

a. Social Services

Salaries ____________________

Supplies &
Equipment ____________________

Materials ____________________

TOTAL ____________________

b. Health Services

Salaries ____________________

Contracted
Services ____________________

Supplies &
Equipment ____________________

Materials ____________________

TOTAL ____________________

c. Psychological
& Medical

Salaries ____________________

Contracted
Services ____________________

Supplies &
Equipment ____________________

Materials ____________________

TOTAL ____________________

d. Therapies

Salaries ____________________

Contracted Services ____________________

Supplies & Equipment ____________________

Materials ____________________

TOTAL ____________________

e. Recreation

Salaries ____________________

Contracted Services ____________________

Supplies & Equipment ____________________

Materials ____________________

Transportation ____________________

TOTAL ____________________ TOTAL ______________________________

IV. Operational Expenditures

a. Residential

Salaries ____________________

Supplies & Equipment ____________________

Materials ____________________

TOTAL ____________________

b. Food Service

Salaries ____________________

Supplies & Equipment ____________________

Materials ____________________

Food Costs ____________________

TOTAL ____________________

c. Maintenance

Salaries ______________

Supplies & Equipment ______________

Materials ______________

TOTAL ______________

d. Transportation

Salaries ______________

Vehicles ______________

Maintenance ______________

Supplies & Equipment ______________

Materials ______________

TOTAL ______________ TOTAL ______________

TOTALS

Administrative __________

Educational Program __________

Support Services __________

Operational __________

Other __________

TOTAL __________

Income Sources

Indicate the sources of funds for your institution by completing the following:.

Income received from

State Support $____________________
Tuition Payments $____________________
Residential Fees $____________________
Gifts & Donations $____________________
Federal Funds $____________________
Other (specify) $____________________

Total Income

States providing funds for services.

E. Community Involvement

1. How is the community made aware of the institutions program?

   a. ______________________________
   b. ______________________________
   c. ______________________________
   d. ______________________________

2. What kinds of activities are the community encouraged to participate in at the institution?

   a. ______________________________
   b. ______________________________
   c. ______________________________
   d. ______________________________

3. Does the institution conduct "open house" or similar activities? Yes ____ No ____. If yes, how frequently?

4. Are all the children in the institution participating in activities within the community? Yes ____ No ____. If yes, how often do they participate? Regularly ____ Frequently ____ Occasionally ____.

5. Do only some of the children in the institution participate in the activities in the community? Yes ____ No ____. If yes, please indicate below those permitted to participate

No. of Children	Age	Type of Handicap	Activity participated in

6. Is there a procedure whereby all available parent and community resources are identified? Yes ____ No ____. If yes, please describe
   ____
   ____
   ____

7. Is there a procedure whereby parents and community resources are employed in the following

   a. Academic enrichment to program Yes ____ No ____
   b. Volunteers Yes ____ No ____
   c. Special projects i.e. field trip Yes ____ No ____
   d. Recreation Programs Yes ____ No ____

8. Are community leaders included on the Policy Making Board of the Institution? Yes ____ No ____.

a. If yes, How are they selected? ______________________________

b. If yes, How many serve in this capacity? ______________________________

F. Parent Involvement

1. Does the institution have a planned procedure for the involvment of parents which is in written form? Yes__________ No__________

   If the answer is "yes", attach a copy of this procedure to this form.

2. Does the institution have activities which encourage parent participation?

   Yes__________ No__________

   If the answer is "yes", provide an estimate of the frequency of these activities by checking one of the following:

   Weekly__________ Yearly__________ Monthly__________

3. Is there a program to train parents to understand and assist their handicapped child? Yes__________ No__________

   If "yes", describe briefly or provide a copy of existent materials.

   ____

   ____

4. Is there an established procedure to provide for parent participation when appropriate policy decisions are being made by your institution?

   Yes__________ No__________

   If "yes", describe or provide a copy of existent materials.

   ____

   ____

5. Does a parent serve on the policy board of the institution?

   Yes__________ No__________

   a. If yes, how are they selected?______________________________________

   ____

   b. How many parents serve in this capacity?______________________________

6. Is there a procedure established for identifying parent resources?

   Yes__________ No__________

   If yes, describe____

   ____

   ____

7. Are parents involved in the fund raising activities of the institution?

   Yes__________ No__________

If yes, please identify activities

1.____

2.____

3.____

4.____

8. Do parents conduct separate fund raising events? Yes__________ No_____________

a. If yes, how many?____

b. Please list____

____

____

c. How much financial aid do these activities raise? $____________yearly.

____

____

d. Describe how this money is used.______________________________

____

____

9. Does your program include regular opportunities for the parent to participate in activities with his child? Yes____________No______________

If yes, describe____

____

____

Parent Organization

If your institution has a parent organization, please complete the following:

Name of Organization ____________________

Address ____________________

Chief Officer ____________________

Purposes: ____________________

____

____

____

How are parents encouraged to become members?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

Must parents pay a membership fee to become members? Yes ________ No ________

Please state amount ____________.

How often does the organization as a whole meet?

Monthly ________ Quartly ________ Every other month ________ Other ________ (specify)

How many parents belong to the organization? ____________

Is there a governing board of the organization? Yes ________ No ________

How large is it? ____________

During the past year, what are some of the activities of the parent organization?

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

(Please use extra pages if necessary)

What training programs involve the parents?

____

____